

**Effectiveness of Mindfulness Based Treatment for Female Victims of Violence**Abeera Latif <sup>1</sup>, Faiza Safdar<sup>2</sup>, Muhammad Latif Javed<sup>3</sup><sup>1</sup> MS Clinical Psychology, Centre for Clinical Psychology, Punjab University, Lahore, Pakistan.Email: [abeeralatif18@gmail.com](mailto:abeeralatif18@gmail.com)<sup>2</sup> Assistant Professor, Centre for Clinical Psychology, Punjab University, Lahore, Pakistan.Email: [faiza.ccpsy@pu.edu.pk](mailto:faiza.ccpsy@pu.edu.pk)<sup>3</sup> Assistant Professor, Department of Education, The Islamia University of Bahawalpur, Pakistan.Email: [latif.javed@iub.edu.pk](mailto:latif.javed@iub.edu.pk)**ARTICLE INFO****ABSTRACT****Article History:**

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The present study was designed to examine the effectiveness of mindfulness-based stress reduction for female victims of violence. It was hypothesized that mindfulness-based stress reduction (MBSR) will increase resilience and secondary control engagement coping and decrease primary control engagement coping and among female victims of violence. Quantitative data was collected from a sample (N=20) of women who have experienced physical, emotional, and economic violence and were recruited from governmental and non-governmental organizations located in Lahore, Pakistan. An experimental research design with a non-probability purposive sampling strategy was used. Posttraumatic Diagnostic Scale (Foa et al., 2016) was utilized as a screening tool and Brief Resilience Scale (Smith et al., 2008) and Response to Stress Questionnaire (Connor-Smith et al., 2000) was used as assessment measures. Statistical analyses such as reliability analysis, descriptive analysis, Mann-Whitney U, and Wilcoxon sign rank tests were performed. The results of the present study revealed that mindfulness-based stress reduction (MBSR) significantly increased resilience and secondary engagement coping in participants. The implications of the present study highlight the need to adapt MBSR for victims of sexual violence and for individual therapeutic sessions.

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Corresponding Author's Email: [abeeralatif18@gmail.com](mailto:abeeralatif18@gmail.com)**1. Introduction**

Violence against women and girls is an international issue. It is a violation of basic human right and a way to degrade, humiliate or hurt women on the basis of their gender. Violence against women in Pakistan involves honor killings, domestic violence, stove burning, rape, *karo-kari*, and even female genital mutilation (FGM). Despite the staggering number of reports documenting violence against women across Pakistan and the increase in such incidents of gender-based violence, there is a lack of intervention designed to help the survivors cope with stressors in life after exposure to violence. The proper terminology for violence against women is Gender Based Violence (GBV) and was first introduced by United Nations in 1993. GBV refers to any practice or threat of a practice, either publicly or privately, which can harm the women physically, psychologically or sexually (Violence against Women Key Terminology, 2019). Violence has many different forms and it can take place in different circumstances. It can also be distinguished on the basis of victims such as children, elderly, women, or other defenseless people. Hence, gender-based violence has many forms and it can appear as sexual, physical, economic, psychological or even work place violence.

Domestic violence pertains to misuse of power by an adult in a relationship, in order to control, harm, or humiliate the other (Mussabekova, Mkhitarian, & Abdikadirova, 2024). On the other hand, intimate partner violence is sexual, physical, or psychological harm such as sexual coercion, aggression, controlling behaviour and abuse, caused by a partner or former partner to a women (Sardinha et al., 2022). A lesser-known type of violence against women is economic violence. It refers to deprivation of victim's financial resources because the perpetrator has complete control over the economic resources (Ahmad, Shah, & Shabbir, 2022). Women usually face economic violence during intimate relationships when the control of finances is delegated to the man of the house but women can also experience economic violence at work place by a male superior (Pasha, 2022, July 1). It can include complete economic dependence on someone else, lack of freedom to work to make money, constraints on income, and stealing money (Ayuwat & Sananikone, 2018).

### **1.1. Resilience and Stress Coping among Female victims of violence**

Resilience and stress coping in female victims of violence, particularly, physical violence, is a critical area of research. It is imperative to comprehend the factors which can improve resilience among women and provide women with support mechanisms to help these women recover and thrive despite their traumatic experiences. Resilience is defined as the ability to adapt, to recover, and even maintain a sense of functionality in situations of adversity, stress, or trauma (Seiler & Jenewein, 2019). The concept of resilience is a critical area of study across various filed such as healthcare, psychology and even organizations management, primarily because of its implications for mental health, recovery from illness, and overall well-being. Factors such as social support, spirituality, and community cohesion also play a significant role in improving resilience (Nasution, Sutatminingsih, & Marhamah, 2020). Experience of violence poses many challenges for the victims, but the victims can also exhibit post-traumatic growth and transform their experiences into increased resilience.

Stress coping is referred as the cognitive and behavioral strategies that one can employ to manage and mitigate the adverse effects of stress (Athiyallah, 2020). Coping includes action-oriented and mental efforts to manage the impact of the stress evoking situation, hence the act of coping also impacts the mental and physical health outcomes (Horiuchi et al., 2018). Primary control engagement coping is a type of stress coping where an individual might attempt to directly change or manage the source of stress (Connor-Smith et al., 2000). It focuses on actively engaging with the stressor to exert control over the situation or problem. This is characterized by active efforts to alter the environment, solve problems, or regulate emotions in a way that directly impacts the stressor. It is called "primary control" because it emphasizes the individual's ability to exert control over the external environment or internal emotional states in response to a challenge. Secondary control coping on the other hand is a coping strategy where one adapts to a stressful situation by adjusting their own thoughts, emotions, or behaviors rather than attempting to change the situation or the external environment which is causing the stress (Connor-Smith et al., 2000). This type of coping is focused on internal processes; hence it helps individuals to accept, accommodate and cognitively reframe the stressor in a way that reduces its emotional impact.

### **1.2. Mindfulness Based Stress Reduction**

A diverse range of therapeutic treatment for female victims of gender-based violence (GBV) are available. Each treatment strategy many address different aspects of experience of violence and the recovery process. Cognitive behavioral therapy (CBT) and its trauma-focused variant (TF-CBT) are often utilized for their effectiveness in helping survivors of violence manage the psychological aftermath of violence by changing negative thought patterns. However, for victims who have not experienced prolonged or intense periods of violence, such as the ones included in this study, other therapeutic approaches might be more appropriate. Mindfulness based treatments will be effective for such individuals as mindfulness activities can significantly increase the well-being of survivors of violence by also reducing their stress levels (Kabat-Zinn, 2003). In addition to this, group therapies format also provides a supportive environment where victims can share their experiences and reduce feelings of isolation (Nzinga et al., 2021).

Mindfulness-Based Stress Reduction is a structured program which combines mindfulness meditation, and yoga practices to help people effectively manage stress, physical pain, and improve their overall mental functioning. The main purpose of the mindfulness-based program is to incorporate the act of mindfulness in daily life activities such as eating, doing a task at work, making meals and all the acts one can perform. The program typically consists of 2.5-3-hour long sessions which lasts for 8 weeks. The therapeutic effects of MBSR are mediated by improvements in cognitive and emotional reactivity, mindfulness, rumination, and worry. Previous researches have established that mindfulness-based interventions are effective for victims of physical, sexual, and psychological violence. Mindfulness-based interventions (MBIs) have been proven to be beneficial for female victims of IPV and sexual violence (Jovanovic & Garfin, 2024). These findings were similar to the ones made by Kelly and Garland (2016), in which mindfulness-based treatment resulted in a significant reduction in depression symptoms with a large effect size ( $d=0.86$ ), anxiety symptoms ( $d=0.85$ ), and post-traumatic stress symptoms ( $d=0.94$ ). Research has also established that Mindfulness Based Stress Reduction is an effective choice of treatment for victims of gender-based violence such domestic violence in low-income households, and physical abuse (Esper & Gherardi-Donato, 2019).

### 1.3. Rationale of the Study

All of the above discussion brings us to the significance of this study. On average, 28 women faced some form of violence every day in Punjab in 2023 (Pakistan: Events of 2023, 2024). However, efforts are done by the government and citizens to combat violence in the society. According to Abbas et al. (2022) services for females experiencing GBV in Pakistan include support from private and public organizations, which address GBV and provides financial help, shelter, skills training and legal assistance for female victims of violence. However, resources and services for survivors and victims of gender-based violence in Pakistan are limited, and responders of violence such as health care workers, and social workers are often inadequately equipped to handle GBV cases effectively (Gender-Based Violence, 2017). Hence, there is a need for a program which can be utilized to offer mental health support to victims of violence in Pakistan.

Mindfulness-Based Stress Reduction holds significant cultural and social relevance in addressing the stress coping and resilience of female victims of violence in Pakistan. In a society where women often face systemic violence, ranging from physical and sexual abuse to emotional and psychological oppression, the program offers a culturally sensitive and non-invasive method for healing. This approach also aligns with the cultural norms of modesty and introspection, making it more acceptable and accessible within the Pakistani context. Hence, keeping all this in mind, the study aimed to:

- To enhance overall wellbeing of female victims of violence.
- To assess the effectiveness of mindfulness -based intervention as a form of treatment for female victims of violence.

### 1.4. Hypothesis of the Study

- Mindfulness based treatment will increase resilience in female victims of gender-based violence.
- Mindfulness based treatment will decrease primary control engagement coping in participants.
- Mindfulness based treatment will increase secondary control engagement coping in participants.

## 2. Literature Review

Research by Ragucci et al. (2024) investigated psychological treatment for PTSD in female victims of violence. The study highlights the crucial role of these types of treatments in enhancing the mental well-being of abused women, particularly focusing on the efficacy of cognitive behavioral therapy and mindfulness-based intervention. The meta-analysis, based on thirteen studies employing CBT and MBIs, revealed a significant reduction in PTSD symptoms despite moderate to large variability among the studies. Research implications highlight the

need for further exploration of better interventions tailored to alleviate the suffering of women affected by violence. The core components of successful interventions discussed in the study included psychoeducation, relaxation techniques, trauma exposure, imagery, and problem-solving. Research was performed to study the impact of a mindfulness-based treatment on the mental health of individuals who have experienced domestic violence (Khare, Kumar, & Rai, 2022). The experimental study consisted of a six-week long mindfulness program, which was solely designed for female survivors of abuse. The experimental group showed a significant amount of change in mindfulness levels as compared to the control group. The intervention also decreased the emotional discomfort and the maladaptive coping strategies exercised by the women in the experimental group. Hence, the results imply that mindfulness-based intervention is successful in treating female victims of abuse.

In Pakistan, MBSR has not been used in the capacity to treat victims of violence. However, research has utilized mindfulness for various purposes. A research study Abbas et al. (2022) explored the relationship between religiosity, psychological well-being, and mindfulness among female university students. Sample was recruited through convenient sampling and comprised of 100 female university students. The study's findings indicate a very weak correlation between religiosity and psychological well-being and a moderately significant relationship between mindfulness and psychological well-being. The results suggest that mindfulness is an effective approach for improving psychological health. A descriptive correlational study explored the impact of mindfulness, coping strategies and social support on the psychological well-being of burn survivors in Jordan (Al-Ghabeesh, 2022). Survivors often face psychosocial issues, including anxiety, social isolation, and depression, which hinder their daily lives and social interactions. Results indicated that psychological and social support play crucial roles in alleviating symptoms like PTSD and improving overall health outcomes. Furthermore, mindfulness practices can enhance present-moment awareness and foster healthier coping mechanisms, contributing positively to the well-being of burn survivors (Dler M Ahmed, Z Azhar, & Aram J Mohammad, 2024; Dler Mousa Ahmed, Zubir Azhar, & Aram Jawhar Mohammad, 2024; Mohammad, 2015a, 2015b).

An experimental pilot study in Iran combined art-making and mindfulness practice for treatment of anxiety and depressive symptoms in female victims of sexual assault (Goodarzi, Sadeghi, & Foroughi, 2020). Through random assignment, participants were allocated to control and treatment group. The intervention spanned across 8 weeks for 16 female participants. The results revealed that mindfulness and art making significantly reduced anxiety, shame symptoms and depression in the participants after treatment. A study by Sibghat-ullah and Batool (2020) aimed to investigate the relationship between depression symptoms, rumination, and mindfulness in university students. Sample consisted of 350 randomly selected students from Bahauddin Zakariya University, Multan. Results revealed that factors have a substantial correlation with one another. Rumination and depressive symptoms have a positive correlation while mindfulness and mindfulness have a negative correlation. Rumination only slightly mediated the relationship between mindfulness and depressed symptoms, according to mediation analysis. In a country like Pakistan, there is dire need of an intervention that can help female survivors' violence win back their life, regulate their stress and manage day-to-day activities. While the Pakistani government offers a plethora of assistance to victims of gender-based violence, including financial, legal, and medical support via multiple agencies, there appears to be a deficiency in counselling programs for these women experiencing gender-based violence. Rehabilitation is necessary to fully empower the nation's human resource base by improving their mental well-being, socialization, productivity at work, and parenting skills.

### **3. Method**

#### **3.1. Research Design**

The present study employed an experimental research design. Pre and post assessment of Brief Resilience Scale (BRS) and Response to Stress Questionnaire (RSQ) was performed with an experimental group (n=10) and a control group (n=10). The participants of the experimental group attended 8 weekly sessions with each session spanning across 1-2 hours. However, the participants in the control group attended sessions related to introduction of mindfulness, and a psychoeducational session related to experience of violence. A sample of

24 participants was recruited for the present study. The sample consisted of only female participants who had experienced physical, emotional and economic violence. The data size was estimated through G-Power. Public and private organizations in Lahore which provide financial assistance, legal aid, shelter and skills training to female victims were contacted for the purpose of data collection. Initially, 55 females who were acquiring regular legal aid and financial help from the NGO were contacted for participation in the present study. 20 participants fulfilled criteria of the study. Sample was recruited with non-probability purposive sampling.

### 3.1.1. Inclusion Criteria

- Female participants aged 18 years or older with a history of exposure to gender-based violence at any point in their lifetime.
- Recent exposure to gender-based violence should not have taken place within the past 6 months prior to the research commencement, as reported by the participant.
- Women who scored < 20 on the Post-Traumatic Stress Diagnostic Scale (PDS-5) were included in the present study.
- Willing to comply with the study procedures and attend scheduled sessions.
- Ability to understand and communicate in the language used for data collection.
- Women who were currently receiving support or intervention services related to their experience of violence.

### 3.1.2. Exclusion Criteria

- Women with any kind of physical or psychological comorbidity were not included in the study. Psychological comorbidity (PTSD) was investigated through PDS-5 and physical disability was investigated through demographic information sheet.
- Women with a history of sexual violence (rape, sexual assault, etc.) were not included in the study as the treatment of those instances was beyond the scope of this study. This was assured through demographic information sheet.

**Table 1: Participant Characteristics of Experimental and Control Group**

Participants Characteristics	Experimental Group (n=10)				Control Group (n=10)			
	f	%	M	SD	f	%	M	SD
Age			29.1	5.56			26.4	6.27
Education								
None		10	100			7	70	
Monthly Income								
PKR 10,000-25,000	7	70			10	100		
PKR 25,000-40,000	3	30			-	-		
Residence								
Rural	-	-			-	-		
Urban	100	100			100	100		
Marital Status								
Married	8	80			10	100		
Divorced	1	10			-	-		
Widow	1	10			-	-		
Family System								
Joint	7	70			5	50		
Nuclear	3	30			5	50		
No. of Children								
1	1	10			1	10		
2	-	-			3	30		
3	2	20			3	30		
4	4	40			-	-		
5	2	20			3	30		
6	1	10			-	-		
Type of Violence								
Physical	6	60			8	80		
Financial	1	10			-	-		
Emotional	1	10			1	10		
Both Physical and Emotional	2	20			1	10		

Participants Characteristics	Experimental Group (n=10)				Control Group (n=10)			
	f	%	M	SD	f	%	M	SD
Age at the experience of violence			22.3	6.03			22.2	4.62
Place of Violence								
Home	7	70			10	100		
Work	3	30			-	-		
Relationship with Perpetrator								
Spouse	2	20			-	-		
Family Member	3	30			5	50		
Employer/Boss	3	30			-	-		
In-Laws	2	20			5	50		
Age of Perpetrator			35.1	11.02			27.5	5.74
Time Period of Violence								
1-2 years	4	40			5	50		
3-4 years	5	50			2	20		
5-6 years	1	10			2	20		
>6 years	-	-			1	10		
Escape from Violence								
Divorce	1	10			-	-		
Resigned from Job	3	30			-	-		
Separated from In-laws	2	20			4	40		
Family member moved away	1	10			-	-		
Got married	2	20			5	50		
Perpetrator died	1	10			1	10		
Contact with Perpetrator								
Yes	4	40			9	90		
No	6	60			1	10		
Informed the following about violence								
Another Family Member		1	10			3	30	
Friend		1	10			4	40	
Spouse		1	10			1	10	
No One		7	70			2	20	
Type of help from the organization								
Legal		1	10			-	-	
Financial		2	20			6	-	
Skills Training		7	70			4	-	

Note. f=frequency, M=Mean, SD= Standard Deviation, %=percentage.

### 3.2. Assessment Measures

The pre- and post-intervention assessment was done by using different measures of resilience and stress coping. A demographic information sheet was filled by the participants before the intervention. Lastly, feedback was obtained from the participants on the completion of the program.

#### 3.2.1. Sociodemographic Sheet

A demographic information sheet was used for gathering information about the participant's age, education, family system, marital status, residence, and violence related information.

#### 3.2.2. Posttraumatic Diagnostic Scale (PDS; Foa et al., 2016)

The Posttraumatic Diagnostic Scale (PDS-5), developed by Foa et al. (2016) is used to assess the severity of PTSD and to screen for disorder according to criteria of DSM-5. The scale measured all dimensions of PTSD, and has 24 items. The internal consistency of the scale ranges from 0.92 to 0.94 and the test-retest reliability is generally above 0.80. In the present study, a translated version of PDS-5 was used to screen participants for the research. Individuals who scored less than 20 on the scale fulfilled the inclusion criteria

### 3.2.3. Brief Resilience Scale (BRS; Smith et al., 2008)

The Brief Resilience Scale (BRS) by Connor-Smith et al. (2000) has six items and measures individual's perception about their ability to overcome stressful situations. Psychometric properties of the BRS are also good as the correlation coefficients range from 0.62 to 0.69 over a one-month period. The scale has high internal consistency of 0.80 to 0.91, and test-retest reliability, of 0.62-0.69. Urdu translation of BRS, by Khan and Batool (2020), was utilized in the present study.

### 3.2.4. Response to Stress Questionnaire (RSQ; Connor-Smith et al., 2000)

The Response to Stress Questionnaire (RSQ) is designed to assess coping strategies people utilized to deal with stress (Connor-Smith et al., 2000). These coping strategies include both volitional and involuntary reactions. The internal consistency of the scale typically ranges from 0.80 to 0.90. The test-retest reliability of the RSQ is also strong, with correlation coefficients usually above 0.70.

### 3.3. Procedure

The present study was approved by the Departmental Doctoral Program Committee (DDPC) of the Centre for Clinical Psychology and Doctoral Program Coordination Committee (DPCC). For participation in the study, public and private NGOs in Lahore, Punjab were contacted. A private NGO located at Ferozpur Road provided shelter, legal aid, and skills training to victims of violence which fulfilled the inclusion/exclusion criteria; hence data was collected from this organization after the approval of the research by DDPC.

### 3.4. Therapy Protocol

Mindfulness-Based Stress Reduction (MBSR) is a systematic approach which utilizes intensive training in mindfulness meditation. The aim of the program is to teach people how to take better care of themselves and utilize mindfulness in day-to-day life. The program consists of 8 sessions, once a week, based on face-to-face in structure-led activities and daily practice at home for groups (Kabat-Zinn, 2003). The orientation session is 2.5 hours long and is followed by a brief individual interview (5- 10 minutes) of each participant. MBSR has eight-weekly classes and each class 2-2.5 hours long in duration. The program includes both formal and informal mindfulness methods.

### 3.5. Review of Sessions

The detailed review of sessions is given below:

1. Session 1: Simple Awareness
2. Session 2: Attention and the Brain
3. Session 3: Dealing with Thoughts
4. Session 4: Stress Responding and Reacting
5. Session 5: Dealing with Difficult Emotions and Physical Pain
6. Session 6: Mindfulness and Communication
7. Session 7: Mindfulness and Compassion
8. Session 8: Conclusion

### 3.6. Ethical Considerations

Following ethical considerations were observed during the course of this study.

- Permission from the concerned authorities was sought before beginning the research.
- Permission was obtained from the authors prior to employing the assessment measures for data collection,
- There was no deception in informing the participants of the nature and purpose of the research.
- The participants were informed about their right to withdraw from the study at any point they needed or wanted to.
- Informed consent was obtained and participants were asked to sign the consent form before taking part in the research.
- Anonymity of the participants was ensured and they were informed that the information gathered from them would be used for academic purposes only.

- Harm avoidance was ensured in the present study. As MBSR has components of physical exercise such as yoga, participants who had back pain or stiff shoulders were first taught relaxation exercises and then they were instructed to do simple yoga poses instead of following through with the whole regimen.

#### 4. Results

A reliability analysis was conducted to obtain Cronbach's Alpha reliability values of the measures utilized in the present study. Furthermore, Mann-Whitney U test and Wilcoxon Signed Ranks test were used to check the main hypotheses of the study (Tables 3,4 and 5).

**Table 2: Cronbach's Alpha Reliability of Items Brief Resilience Scale (BRS) and Response to Stress Questionnaire (RSQ)**

Variable	K	M	SD	$\alpha$	Range	
					Potential	Actual
BRS	6	22.20	3.39	.77	5-30	7-27
RSQ	57	171.30	10.94	.71	57-228	63-220
Primary Control Coping	9	22.80	2.57	.61	9-36	10-32
Secondary Control Engagement Coping	9	28.20	10.89	.51	9-36	11-35

Note.  $k$ = no. of items,  $M$ =mean,  $SD$ =Standard deviation,  $\alpha$ = Cronbach's Alpha, BRS=Brief Resilience Scale, RSQ=Response to Stress Questionnaire

The table summarizes the reliability values of Brief Resilience Scale (BRS), Response to Stress Questionnaire (RSQ), Primacy Control Coping, and Secondary Control Coping. Cronbach's alpha reliability values lie on a range of 0 to 1. Both Brief Resilience Scale (BRS) and Response to Stress Questionnaire (RSQ) have a Cronbach's alpha value higher than .70, hence they have good reliability (Silver, Badenes-Ribera, & Pedrolí, 2020).

**Table 3: Mann Whitney U Test of Differences at Pre-Assessment Level**

Pre-Assessment						
Scale	Experimental Group (N=10)		Control Group (N=10)		U	p
	Mr	Mdn	Mr	Mdn		
BRS	12.5	58.5	12.5	58.5	38.5	.39
RSQ						
Total Stress Score	14.9	23	14.9	23	6	.43
Total Coping Score	8.0	40	9.01	40	25.0	.09
Primary Control Coping	9.10	40	8.10	40	36	.56
Problem solving	7.80	13.5	7.71	13.5	23	.73
Emotional regulation	7.09	17.0	7.09	17.0	23.5	.09
Emotional expression	7.35	20.9	7.31	20.9	18.5	.23
Secondary Control Coping	10.04	38.0	10.0	38.0	43	.1
Positive thinking	8.09	18.5	8.01	18.5	22.5	.23
Acceptance	9.51	19.5	9.01	19.5	46	.45
Cognitive reappraisal	8.14	17.8	7.81	17.8	29.5	.62
Distraction	7.91	20.0	7.81	20.0	20	.93

Note.  $Mr$ =Mean Rank,  $Mdn$ =Median,  $U$ =Mann-Whitney U test, BRS=Brief Resilience Scale, RSQ=Response to Stress Questionnaire,  $*p<0.05$ .



**Table 4: Mann Whitney U Test of Differences at Post-Assessment Level**

<b>Post-Assessment</b>						
<b>Scale</b>	<b>Experimental Group (n=10)</b>		<b>Control Group (n=10)</b>		<b>U</b>	<b>p</b>
	<b>Mr</b>	<b>Mdn</b>	<b>Mr</b>	<b>Mdn</b>		
BRS	15.50	10.51	10.03	10.51	20.5	.000*
RSQ						
Total Stress Score	13.30	25.5	15.5	25.5	25.19	.001*
Total Coping Score	14.5	15.5	8.10	15.5	40.01	.005*
Primary Control Coping	12.5	26	14.5	26	48.5	.10
Problem solving	7.88	14.5	7.5	14.5	40	.48
Emotional regulation	7.13	18.5	7.1	18.5	22	.91
Emotional expression	8.12	20.31	7.34	20.31	19.5	.34
Secondary Control Coping	11.41	40	10.31	40	41	.005*
Positive thinking	9.5	14.4	8.13	14.4	21.61	.81
Acceptance	10.91	10.1	7.34	10.1	40	.005*
Cognitive reappraisal	7.88	12.5	6.58	12.5	30	.64
Distraction	8.91	26.01	8.10	26.01	25	.12

Note. Mr=Mean Rank, Mdn=Median, U=Mann-Whitney U test, BRS=Brief Resilience Scale, RSQ=Response to Stress Questionnaire, \* $p < 0.05$ .

Mann-Whitney U test revealed that there are no significant differences in the control and experimental group scores in pre-intervention assessment. This ensures homogeneity of groups at pre-intervention level. However, there are significant differences in brief resilience and response to stress between control and experimental groups at post-assessment level as indicated by Table 4. This indicates that mindfulness-based treatment helped in increasing stress coping and resilience of the experimental group.

**Table 5: Wilcoxon Signed-Rank Test on the Difference between Total Scores**

<b>Scale</b>	<b>Experimental Group (n=10)</b>		<b>Z</b>	<b>p</b>	<b>Control Group (n=10)</b>		<b>Z</b>	<b>p</b>
	<b>Pre M (SD)</b>	<b>Post M (SD)</b>			<b>Pre M (SD)</b>	<b>Post M (SD)</b>		
Brief Resilience Scale	1.60 (.29)	3.30 (.46)	-2.80	.005*	1.67 (.23)	1.76 (.76)	-.42	.67
Response to Stress Questionnaire								
Stress Score	26.9(3.21)	14.6(1.24)	-2.81	.005*	24.32(3.21)	15.3(2.32)	-2.60	.51
Total Coping Score	123.2(14.5)	176.9(19.7)	-2.80	.005*	133.6(13.2)	167.2(13.2)	-.32	.09
Factors of Coping								
Primary Control Coping	31.2(5.31)	38.1(7.2)	-2.6	.007*	30.45(3.41)	32.6(2.51)	-2.13	.57
Problem solving	10.8(1.96)	7.01(2.23)	-1.37	.16	10.23(2.95)	13.45(2.61)	-.51	1.23
Emotional regulation	14.40(3.23)	12.20(1.97)	-2.3	.01*	13.34(3.22)	16.21(2.89)	-2.45	.13
Emotional expression	12.8 (2.24)	10.2 (2.6)	-2.6	.005*	9.81(2.42)	11.34(2.34)	-2.34	.44
Secondary Control Coping	21(2.67)	37 (9.75)	-2.8	.005*	22 (2.43)	19(3.41)	-.96	.33
Positive thinking	5.30(1.16)	7.50(3.0)	-2.5	.012*	5.45(1.23)	8.34(2.31)	-.56	1.02
Acceptance	5.50(1.87)	8.20(1.58)	-2.3	.02*	4.48(1.63)	7.56(2.31)	-.46	.05*
Cognitive reappraisal	4.8(1.70)	7.3(1.53)	-2.6	.017*	5.21(1.61)	4.23(2.22)	-1.23	.09
Distraction	14(2.34)	5.6(1.72)	-2.8	.005*	15(4.32)	7.89(2.11)	-2.89	.15

Note. M=Mean, SD=Standard Deviation, Z=Wilcoxon signed-rank test, \* $p < 0.05$ .

A within-group comparison of the control and experimental groups was conducted using Wilcoxon Signed Ranks test. The test results have been summarized in Table 5 for both pre-assessment and post-assessment levels. Table 5 shows that there are significant differences in the pre-assessment and post-assessment scores of the experimental group. This indicates that the mindfulness-based treatment is effective in increasing the resilience and stress coping of female victims of violence. On the other hand, no significant differences in pre-assessment and post-assessment scores of the control group were reported.

## **5. Discussion**

The purpose of the present study was to assess the efficacy of mindfulness-based treatment for improving stress coping and resilience among female victims of violence. Mindfulness-based stress reduction was employed as the treatment in the study. The program utilizes meditation techniques to help individuals manage stress, reduce anxiety and depression, and improve well-being (Kabat-Zinn, 2003). Mindfulness offers a promising approach for improving various aspects of psychological and physical health (Creswell, 2015). However, the efficacy of such treatment strategies remains questionable in countries like Pakistan, where female victims of violence are often shunned due to cultural stereotypes and religious ordeals. The participants of the present study had experienced various types of violence, such as financial, emotional and physical violence, at the hands of their families, in-laws or employers. All of them had escaped from the place of violence through divorce, death of perpetrator, relocation due to marriage (in case of abusive family, a participant had escaped from her family by marrying into another family) or cutting ties from the perpetrators. Most of the participants didn't stay in contact with the perpetrators but some had to meet their perpetrators often because of family relations and same social circle. All but except one participant were married. The participants of the present study were Christian and belonged to lower economic class. They sought financial and legal assistance from the NGO and their Church. The financial help was not enough to sustain them and their family. Hence, some of the participants had menial jobs such as providing waxing services to women, cleaning toilets at hospital bathrooms and working part time as house maids. Rest of the participants were home makers.

Resilience is not a fixed trait but rather a dynamic process that can be cultivated and strengthened over time. By developing resilience through practices like mindfulness-based stress reduction, individuals can enhance their coping skills and improve their ability to navigate life challenges effectively. As indicated by post intervention results (Table 3), female participants in the experimental group experienced significant increase in resilience and a significant decrease in stress. Hence, it can be inferred that MBSR is an effective means of treatment in improving resilience in lower socio-economic female victims of financial, emotional and physical violence. The results of the present study are in-line with the findings of a research by Chin et al. (2019) which indicated that mindfulness training and acceptance skills training increases nonjudgment and decreases stress ratings, hence mindfulness is a necessary active ingredient in stress-reduction interventions. Similarly, another research demonstrated that a structured MBSR program led to a substantial decrease in job stress and burnout among psychiatric nurses, ultimately improving their ability to cope with the challenges of their profession (Abdallah, Mourad, & Osman, 2021). An experimental study was conducted on the mothers of neonates with congenital anomalies. Participants attended a MBSR program that spanned across 4 sessions, and results indicated an increase in the maternal neonate attachment and coping behaviors. Hence, the study proves that mindfulness-based stress reduction is effective in increasing resilience. MBSR is a reliable method for improving emotional resilience in a diverse setting.

Another hypothesis of the present study was that mindfulness-based intervention will increase secondary control engagement coping in the participants. A key feature of mindfulness is the act of paying attention on the present actively, instead of thinking of the past. This feature reduces overthinking and reduces the levels of stress (Nyklíček et al., 2013). The participants in the experimental group reported a significant increase in secondary control engagement coping. This coping includes, positive thinking, and acceptance. It focuses on adapting to the stressor rather than directly altering the source of the stress (Connor-Smith et al., 2000). This type of coping manages the emotional responses to stress and also finding

ways to adjust to the stressor rather than trying to change the external circumstances. According to the research, people who use mindfulness activities also experience greater intensity of positive emotions, as compared to people who do not utilize mindfulness exercise in daily life (Ramasubramanian, 2017). The participants of the experimental group also experience positive emotions, like joy and gratitude and an improvement in stress coping. A significant decrease in emotional regulation and emotional expression, which are the methods of primary control engagement coping, was observed in the results of the present study. Primary control engagement coping is a type of coping strategy where individuals attempt to directly change or manage the source of stress (Connor-Smith et al., 2000). Hence, primary control engagement coping focuses on directly engaging with stressor or exert control and attempts to change the source of the stress. Mindfulness practices are associated with a decrease in emotional regulation and expression (Witek-Janusek et al., 2008).

Individuals who regularly engage in mindfulness exercises have a reduced reliance on actively controlling external circumstances to cope with stress. Instead, mindfulness may promote acceptance and cognitive reappraisal, which are components of secondary control engagement coping. Ultimately, the relationship between mindfulness and primary control engagement coping highlights the potential of mindfulness to shift individuals coping strategies towards more adaptive and flexible approaches in managing stress. It is imperative that the outcome of the present study is discussed with reference to culture of Pakistan, which has an impact on the well-being of the participants. Female victims of gender-based violence in Pakistan face numerous challenges when seeking support and justice. These obstacles are multifaceted, encompassing legal, social, and psychological barriers that often deter victims from reporting abuse or seeking help.

## **6. Conclusion**

The present study concluded that mindfulness-based treatment is effective in significantly increasing resilience and reduced stress among participants. Overall, the study highlighted the potential of mindfulness-based treatment to enhance resilience and stress coping among female victims of violence.

### **6.1. Strengths of the Study**

The strengths of the study are as follows:

- The present study focused on female victims of verbal/emotional and financial violence, which is a demographic often neglected in both research and intervention efforts. It is important to investigate effective treatment approaches for these particular women, as they lack access to adequate support, and resources.
- Mindfulness-based treatment is a novel approach for treatment for resilience and stress coping in female violence victims in Pakistan. The present study not only tested the efficacy of the program but also broadened the scope of potential interventions options available for GBV victims across Pakistan.
- The governmental and non-governmental organizations in Pakistan are doing commendable work to provide support, financial and legal help, and shelter to female victims of violence. The collaboration with NGOs in this study ensured that participants of the study received comprehensive support, enhancing the overall impact of the intervention.

### **6.2. Limitations and Suggestions**

The limitations of the study are discussed as mentioned below:

- The study only included victims who actively seek help for their experiences of violence. This focus on help-seeking individuals means that the research does not account for the significant portion of women who experience violence but do not seek or receive any form of support. As a result, the findings may not fully represent the broader population of female victims of violence, particularly those who may be more isolated, lack access to resources, or face cultural or personal barriers to seeking help. This limitation

underscores the need for further research to explore interventions that can reach and benefit these underserved groups.

- The format of the Mindfulness-based stress reduction program is a limitation as well. The program is traditionally designed as a group-based intervention. However, this group format may not be suitable for all victims of violence, such as victims of sexual abuse who do not feel comfortable or safe sharing their experiences in a group setting. It is recommended to develop a similar mindfulness-based treatment for such victims which can offer personalized support catering to such individuals.
- Mindfulness-Based Stress Reduction (MBSR) involves physical activities like yoga, which may not be suitable for women with physical disabilities. Adaptations or alternative methods may be necessary to ensure that all participants can equally benefit from the therapeutic effects of MBSR.

### 6.3. Implications of the Study

- One key approach involves training support staff and counselors in mindfulness techniques at organizations, providing legal, financial support and shelter to female victims of violence. Frontline workers with mindfulness skills can better guide victims through stress-reduction exercises and promote emotional regulation.
- Further research is needed to explore other cognitive and affective aspects of mindfulness and their relationship with negative cognition in victims of gender-based violence. The study's findings, while promising, are preliminary due to the small, specific sample of female victims of violence.
- Future studies should include diverse populations and assess demographic and clinical variables such as frustration tolerance, self-esteem, ego-resilience to provide a more comprehensive understanding of how mindfulness practices can benefit different groups of women affected by violence.

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